



# Iowa Department of Human Services

Kim Reynolds  
Governor

Adam Gregg  
Lt. Governor

Jerry R. Foxhoven  
Director

November 14, 2017

Gerd. W. Clabaugh  
MAAC Co-Chair  
and  
David C. Hudson  
MAAC Co-Chair

Dear Mr. Clabaugh and Mr. Hudson:

I am writing in response to an email regarding the Medical Assistance Advisory Council (MAAC) and general recommendations brought forward from this Council to the Department of Human Services.

Please find below a chart with each recommendation and corresponding responses.

## **Medical Assistance Advisory Council (MAAC) Recommendations** **November 14, 2017**

<b>Recommendation/ Referral</b>	<b>Response from the Department of Human Services</b>
<b>Recommendation:</b> Ensure clear and consistent guidelines and protocols are published to guide decisions around prior authorization both within the Managed Care Organizations and the durable medical equipment (DME) providers. Ensure that the published guidelines are shared with DME providers.	<p>The department developed a comparison grid for Medicaid service prior authorization requirements by MCO. This can be found at <a href="https://dhs.iowa.gov/iahealthlink/resources/provider-specific">https://dhs.iowa.gov/iahealthlink/resources/provider-specific</a> under the section titled "Prior Authorization (PA) Summary by Plan". High level DME information can be found on page 5 of the document.</p> <p>Additionally, each MCO is required to post clinical guidelines on their website for provider convenience.</p> <p>Amerigroup: Providers can visit the link to our <u>Medical Policies and Clinical UMGs</u>, that then links to the <u>search function</u> where providers can do an item specific search by condition or procedure code of the DME item.</p> <p>AmeriHealth: Providers can search for specific DME products and find pdf document on the ACIA clinical policies. The link is as follows and examples are below: <a href="http://www.amerihealthcaritasia.com/provider/resources/clinical/resources.aspx">http://www.amerihealthcaritasia.com/provider/resources/clinical/resources.aspx</a></p>

	<p>Oxygen:  <a href="http://www.amerihealthcaritasia.com/pdf/provider/resources/clinical/policies/160205-topical-oxygen-therapy.pdf">http://www.amerihealthcaritasia.com/pdf/provider/resources/clinical/policies/160205-topical-oxygen-therapy.pdf</a></p> <p>Wheelchairs:  <a href="http://www.amerihealthcaritasia.com/pdf/provider/resources/clinical/policies/150204-wheelchairs-other-mobility-devices.pdf">http://www.amerihealthcaritasia.com/pdf/provider/resources/clinical/policies/150204-wheelchairs-other-mobility-devices.pdf</a></p> <p>UnitedHealthcare: Community Plan Medical &amp; Drug Policies and Coverage Determination Guidelines can be found on the UHC provider website: <a href="https://www.uhcprovider.com/en/policies-protocols/comm-plan-medicaid-policies/medicaid-community-state-policies.html">https://www.uhcprovider.com/en/policies-protocols/comm-plan-medicaid-policies/medicaid-community-state-policies.html</a>.</p>
<p><b>Recommendation:</b>          Ensure that training on these prior authorization guidelines is provided to internal Managed Care Organization staff in order to ensure a consistent application in the decision-making process.</p>	<p>The department's contract requires training for all staff applying clinical practice guidelines. The department monitors all issues that are escalated to the department, MCO provider call center reasons for calls, authorizations, and appeals for systemic issues that require remediation. The department defines systemic as instances that repeatedly, and with material volume, reflect an issue with process and application of criteria. To date, the department has identified individual issues that require remediation but not systemic issues. If the department were to identify systemic issues, a formal remedy process is available and will be leveraged by the department to ensure that the MCO corrects the issue and retrain staff where necessary. Further, the department's contracted External Quality Review Organization and the independent accrediting agency National Council on Quality Assurance conducts reviews to ensure consistent application of the prior authorization process.</p> <p>The department will continue to monitor the process end-to-end to ensure adequate oversight of prior authorizations both with managed care and fee-for-service.</p>
<p><b>Recommendation:</b>          Ensure that Managed Care Organizations are communicating clearly and in a timely manner with providers, including ensuring that denial communication in</p>	<p>The department is in the process of investigating national best practices to determine if additional practices can be leveraged for this purpose. The department has been reviewing prior authorization denials and has identified areas for improvement with the MCOs. Those improvements are currently in process.</p> <p>Further, the department's contracted External Quality Review Organization and the independent accrediting agency National Council on Quality Assurance conducts reviews to ensure clear notices of authorization are distributed.</p>

<p>the pre-authorization process clearly delineates reasons for denial so that providers can address those denials as well as learn improved processes for the future.</p>	
<p><b>Recommendation:</b> Ensure that durable medical equipment providers are notified in a timely way when changes to fee schedules occur.</p>	<p>The DME provider should reference their contract to determine if they are contracted with MCOs at the department defined "floor", the IME fee schedule, or at another negotiated rate. The department defined "floor" is rates in effect as of July 1, 2015 and does not change unless mandated by regulation or legislative appropriation.</p> <p>If the DME provider contracted at the IME fee schedule, the process for notification should not be different than it was in fee-for-service. Providers are notified of rate changes if they subscribe to the page: <a href="http://dhs.iowa.gov/ime/providers/csrp/fee-schedule/agreement">http://dhs.iowa.gov/ime/providers/csrp/fee-schedule/agreement</a>.</p>
<p><b>Recommendation:</b> Ensure the MCOs are using case managers effectively and efficiently to assist clients in navigating access to services. The Executive Committee requests information from Medicaid staff to better understand how conflict-free case management operates in the Iowa program, including interactions in care planning between utilization management and interdisciplinary teams.</p>	<p>The department will work with the MCOs to provide a presentation to the MAAC on conflict-free case management application to fee-for-service and managed care systems. This will include the firewalls in place to ensure that person centered planning and utilization management is not performed by staff tied to the financial operations of the payor.</p> <p>The department tracks member satisfaction on a number of items, including member satisfaction with their case manager and person centered planning process. Further, the department and national best practice advocates that outcomes are the best measurement for effective case management. This includes satisfaction surveys, integration outcomes (employment, community inclusion, etc.), and health outcomes. The department is incorporating additional outcome measures of this type in the managed care quarterly report beginning SFY18.</p>

<b>Recommendation:</b> The department is to develop a new methodology to track consistency of prior authorization determination within each MCO.	<p>The department is tracking prior authorizations from decision to MCO appeal to state fair hearing to track if there are systemic issues that require intervention. The department defines systemic as instances that repeatedly, and with material volume, reflect an issue with process and application of criteria. To date, the department has identified individual issues that require remediation but not systemic issues.</p> <p>The department will continue to monitor the process end-to-end to ensure adequate oversight of prior authorizations both with managed care and fee-for-service.</p>
<b>Recommendation:</b> Include the accuracy and consistency of information provided by the MCO customer service representatives to both providers and members in the Managed Care Quarterly Report.	<p>The department shares the committee's perspective that information shared by customer service representatives is consistent and accurate. The department currently conducts Secret Shopper quality assurance calls to determine areas for improvement and is in the process of investigating national best practices to determine if additional practices can be leveraged for this purpose.</p> <p>Additionally, the department evaluates any complaint that comes in related to the MCOs and is provided with enough specificity to investigate. This includes any complaints related to call center quality. The department is considering how to include this information in the managed care quarterly report, as well.</p>
<b>Recommendation:</b> Include secret shopper results to the managed-care quarterly report.	<p>The department is considering how to incorporate these results into the managed care quarterly reports to create visibility into customer service representative response consistency and accuracy.</p>

Please feel free to contact me if you need additional information.

Sincerely,



Jerry R. Foxhoven  
Director

JRF/rad

cc: Mikki Stier  
Deputy Director – DHS  
Medicaid Director - IME